

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10824C33

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                          |              |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     | 24                       |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 24 minus 20 =            | 4            |
| INDEPENDENT CLAIMS               | 11 minus 3 =             | 8            |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

TYPE 

OTHER THAN

OR SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| XS 9=     |        | OR XS18=     | 72     |
| X43=      |        | OR X86=      | 650    |
| +145=     |        | OR +290=     |        |
| TOTAL     |        | OR TOTAL     | 1530   |

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  |                                  |       | Minus                              | =             |
| Total  | 43                               | Minus | 24                                 | 19            |
| Independent                                    | 17                               | Minus | 11                                 | 6             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>         |       |                                    |               |

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SMALL ENTITY OR OTHER THAN

| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| XS 9=            |                | OR XS18=            | 950            |
| X43=             |                | OR X86=             | 1200           |
| +145=            |                | OR +290=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE | 2150           |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|--|------------------------------------|---------------|
|  |                                  |  | Minus                              | =             |
| Total  | Minus                            |  |                                    |               |
| Independent                                    | Minus                            |  |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>         |  |                                    |               |

| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| XS 9=            |                | OR XS18=            |                |
| X43=             |                | OR X86=             |                |
| +145=            |                | OR +290=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|--|------------------------------------|---------------|
|  |                                  |  | Minus                              | =             |
| Total  | Minus                            |  |                                    |               |
| Independent                                    | Minus                            |  |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>         |  |                                    |               |

| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| XS 9=            |                | OR XS18=            |                |
| X43=             |                | OR X86=             |                |
| +145=            |                | OR +290=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

\* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.